

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583,858

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9		4/1					59						
10		1/8					60						
11		1					61						
12		1/4					62						
13		8/7					63						
14		1/5					64						
15		5/1					65						
16		1/8					66						
17		4/1					67						
18		1/8					68						
19		5/1					69						
20		1/5					70						
21		1/1					71						
22		1/1					72						
23		1/1					73						
24		1/1					74						
25		1/1					75						
26		1/1					76						
27		1/1					77						
28		1/1					78						
29		1/1					79						
30		1/3					80						
31		5/1					81						
32		1/5					82						
33		5/1					83						
34		1/5					84						
35		1/1					85						
36		1/1					86						
37		1/1					87						
38		1/1					88						
39		1/1					89						
40		1/1					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	32	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	40						TOTAL CLAIMS						